AMENDMENT TRANSMITTAL LETTER						Docket No. TNW-10002/29	
Applicatio	n No	Filing Date Examiner			Art Unit		
10/791,948-Conf. #4130		March 3, 2004		T. Patel		3772	
pplicant(s): War	ren S. Taranov	v					
vention: VACUL	JM-SECURED	ORTHOTIC, F	PROSTHETIC	C, AND OTHER BO	DDY WOR	N DEVICES	
	TC	THE COMM	SSIONER FO	OR PATENTS			
ransmitted here	with is an ame	ndment in the	above-identif	ed application.			
he fee has beer	calculated an	d is transmitted	as shown b	elow.			
		CLAIM	S AS AMENI	DED			
	Claims	Highest			1		
	Remaining After	Number Previously	Number Extra Claims				
	Amendment	Pald	Present	Rate			
Total Claims	10	- 20 =		х			
Independent Claims	1	- 3 =		х			
Multiple Depend	lent Claims (ch	eck if applicabl	e)		1		
Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114)						405.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					<b></b>	405.00	
Large Entity				x Small Entity	,		
No additiona	l fee is require	d for this amer	idment.				
Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.							
	,,			the filing fee is en	dood		
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x Payment by				D	. 07	-1180	
	is nereby auth I below. A dup			Deposit Account N nclosed.	10	1100	
x Credit ar	ny overpaymen	t.					
x Charge a	ny additional filir	ng or application	processing fe	es required under 3	7 CFR 1.16	and 1.17.	
/John G. Posa/				Dated:	October 1	5 2007	
John G. Posa Attorney/Agent	Reg. No.: 37,4	124			00,000,	5, 2007	
GIFFORD, KRA 2701 Troy Cent Post Office Box Troy, Michigan (734) 913-9300	er Drive, Suite 7021 48007-7021		N & CITKOW	SKI, P.C.			

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Taranow

Serial No.: 10/791,948

Group No.: 3772

Filed: March 3, 2004

Examiner: T. Patel

For: VACUUM-SECURED ORTHOTIC, PROSTHETIC, AND OTHER BODY WORN

DEVICES

## AMENDMENT

Mail Stop RCE Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action mailed July 13, 2007, please amend the abovereferenced application as follows: